

No. 95-11

#5 remove box or City if located in System Area

Fee 160
4/15/95

Commonwealth of Massachusetts
Massachusetts

Application for Disposal System Construction Permit

Application is hereby made for a Permit to Construct or Repair an On-site Sewage Disposal System at:

Location Address or Lot No. 5 Orchard St Amherst, MA	Owner's Name, Address and Tel. # Lemaine 5 Orchard St. Amherst, MA
Installer's Name, Address, and Tel. # R. LAVOIE Co. 140 KENDALL ST MAY GRANBY MA 01033	Designer's Name, Address and Tel. # Lewis & Cook Surveyors, Inc Robert F. Sheehan PE Belchertown, MA 323-7124

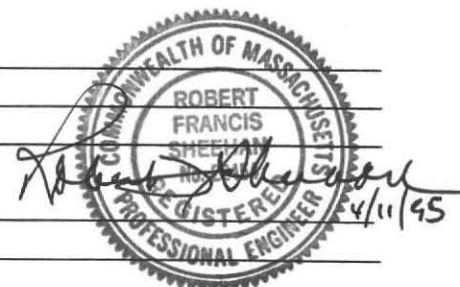
Type of Building:

Dwelling No. of Bedrooms 4 Garbage Grinder NO
Other Type of Building _____ No. of Persons _____ Showers Cafeteria
Other Fixtures _____

Design Flow 550 gallons per day. Calculated daily flow 621.6 gallons.
Plan Date 4/11/95 Number of sheets 4 Revision Date _____
Title _____

Description of soil Lt brown loamy sand

Nature of Repairs or Alterations (Answer when applicable) _____



Date last inspected: _____
Agreement: Paul Ziegler Richard A. Lewis 6/9/95

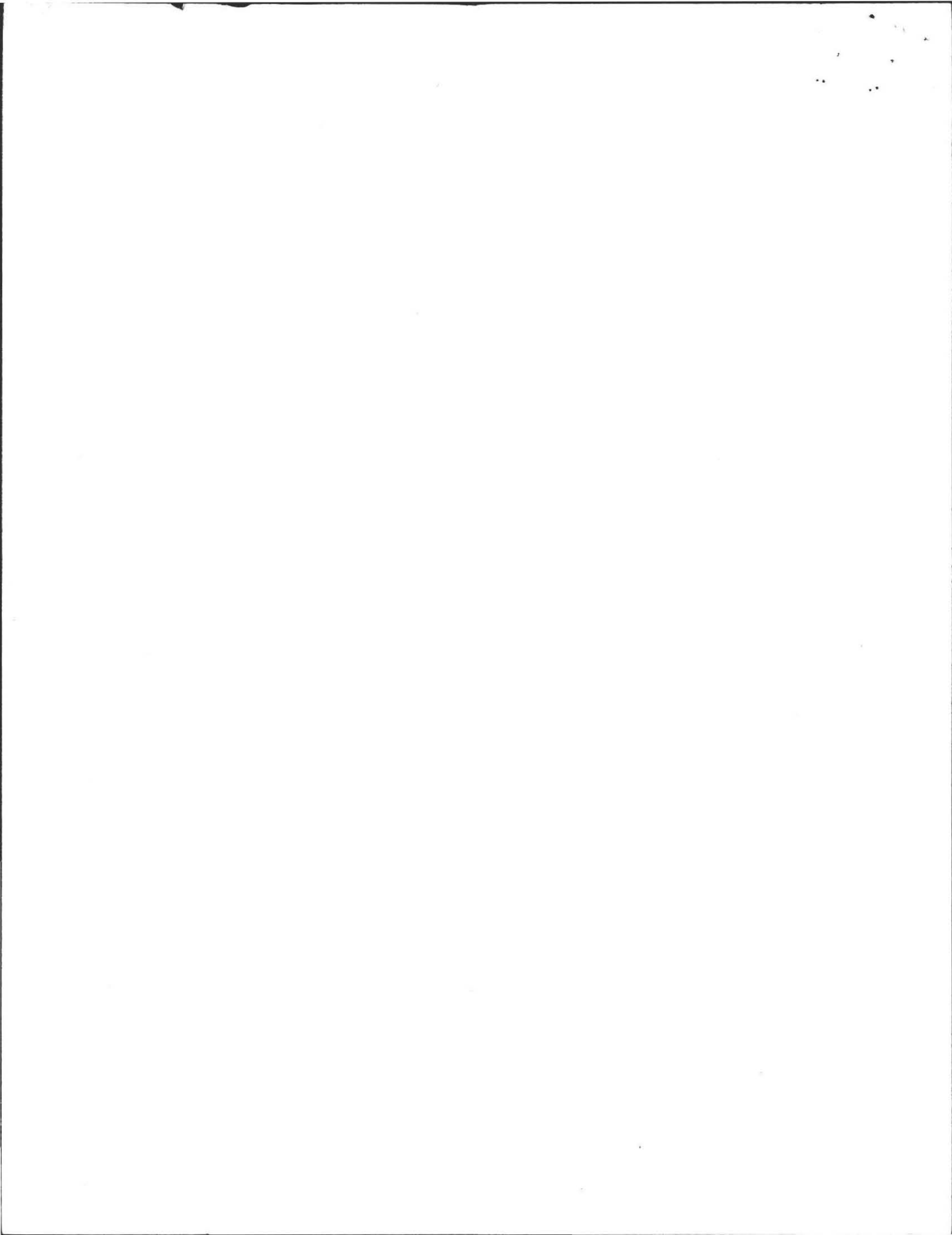
The undersigned agrees to ensure the construction and maintenance of the aforementioned on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signed James Harold Poirier Date 4/10/95

Application Approved by Charles Ziegler Date 4/11/95

Application Disapproved for the following reasons _____

Permit No. 95-11 Date Issued 4/15/95



14 miles

TOWN OF AMHERST

d# 1087
Pd 160

PERC TEST DATA SHEET

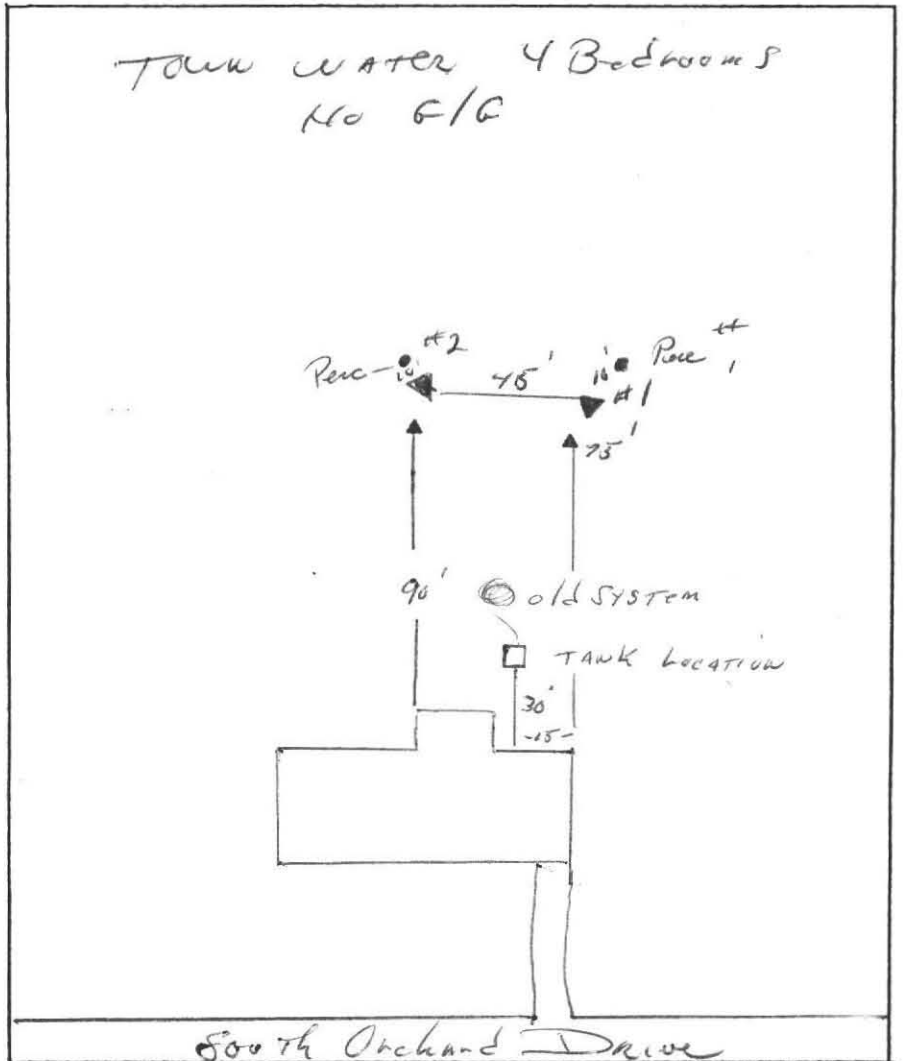
DATE 04/05/95 LOCATION 5 South Orchard St LOT SIZE _____
 OWNER Raymond R Lemaire Jr ADDRESS SAME TELE # 253-3725
MAREN Lemaire
 P.E./RS Lewis + Co FIRM SAME OBSERVED BY J. Z...
 BACK HOE OPERATOR Jim Hayward TELE 323-4860 BENCH MARK _____
 PERC DEPTH 54" PRE SOAK TIME 9:12 PERC DEPTH 54" PRE SOAK TIME 9:30
 TEST _____

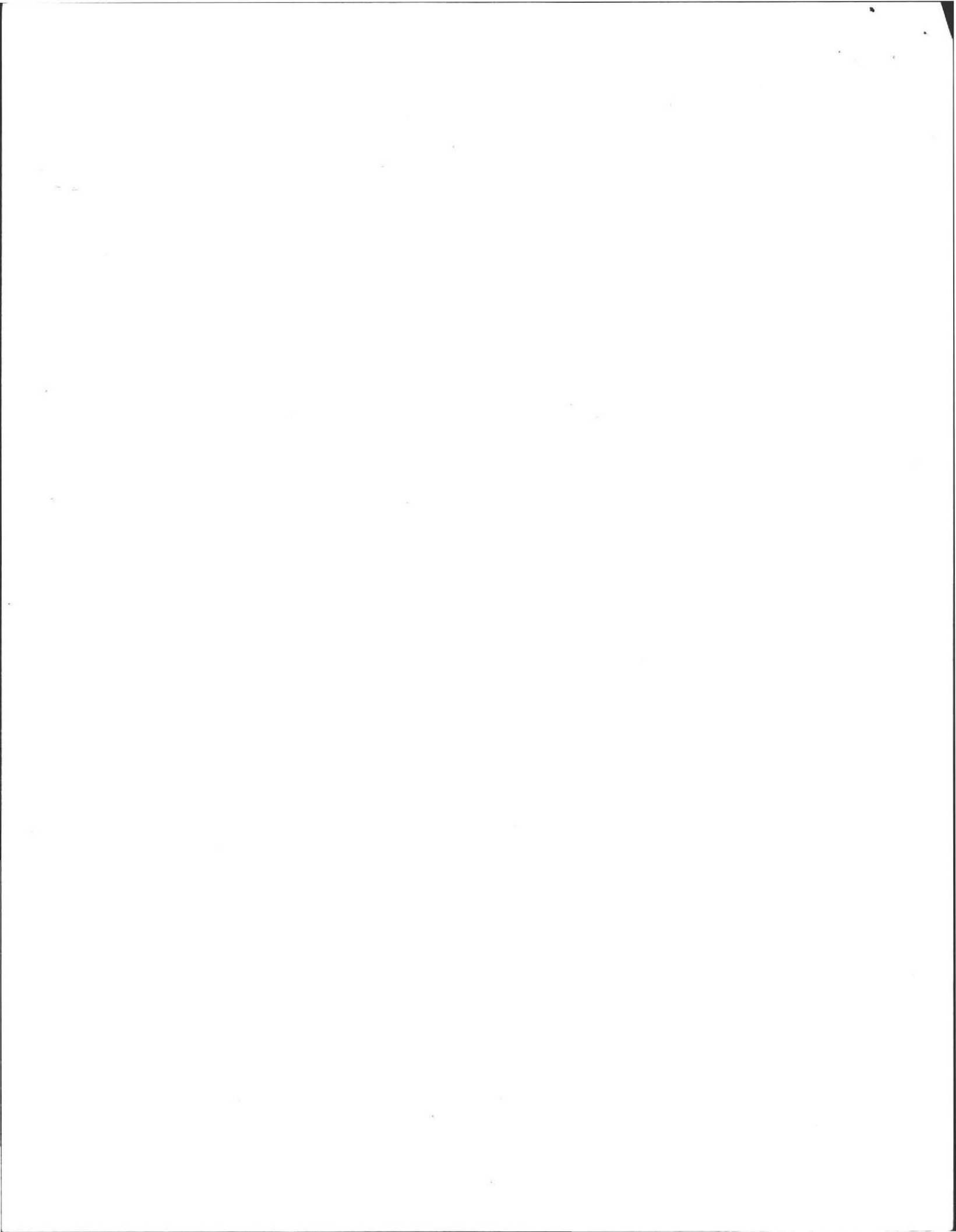
 RATE (2) RATE (2)

can't tell
 25 gal in less than
 15 min

SAME

#1	#2
TOP 16"	TOP 16"
NO SUB	NO SUB
LT Brown Loamy Sand	SAME
Dry 14'	Dry 15'
TOP	TOP
SUB	SUB
TOP	TOP
SUB	SUB

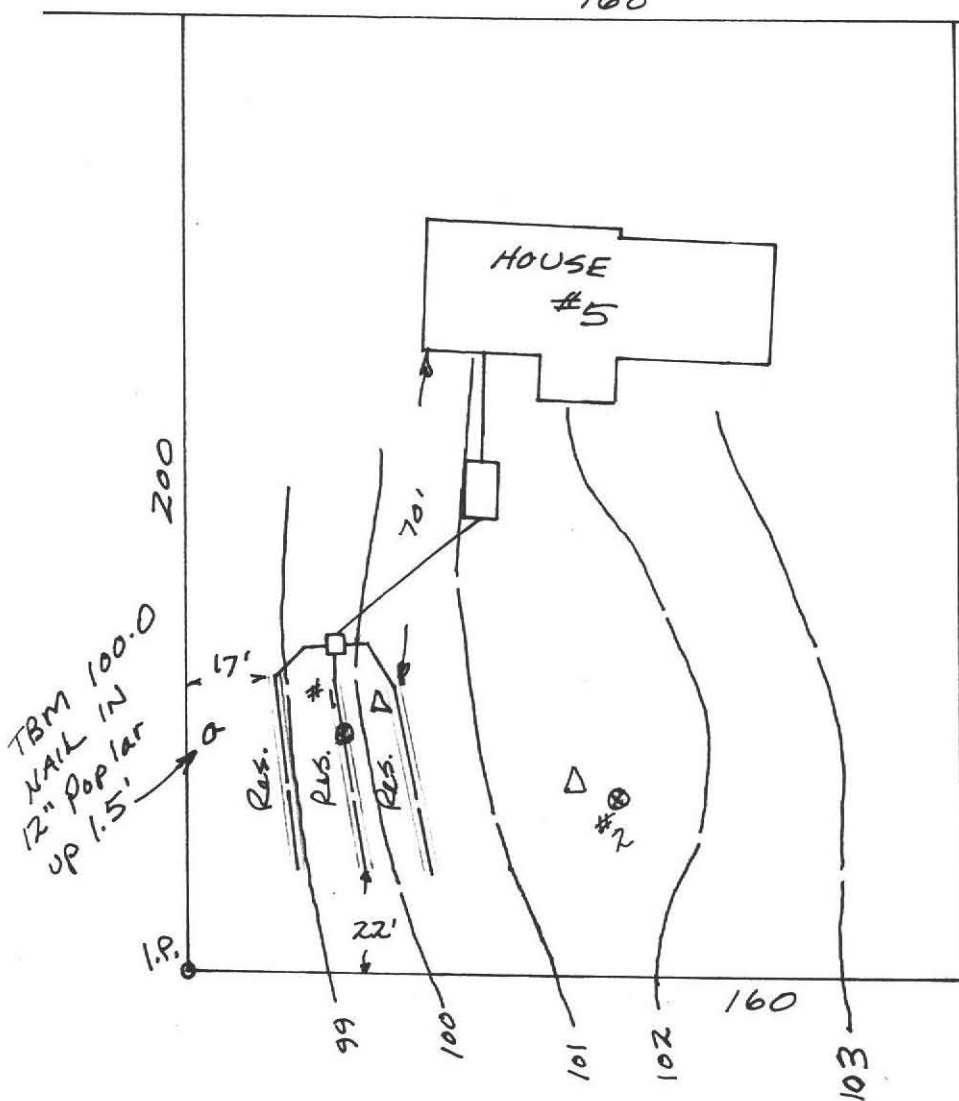




ORCHARD ST.

160

Pg. 2
5 Orchard St.
Scale 1" = 40'
April 7, 1995
TOWN WATER



LEGEND

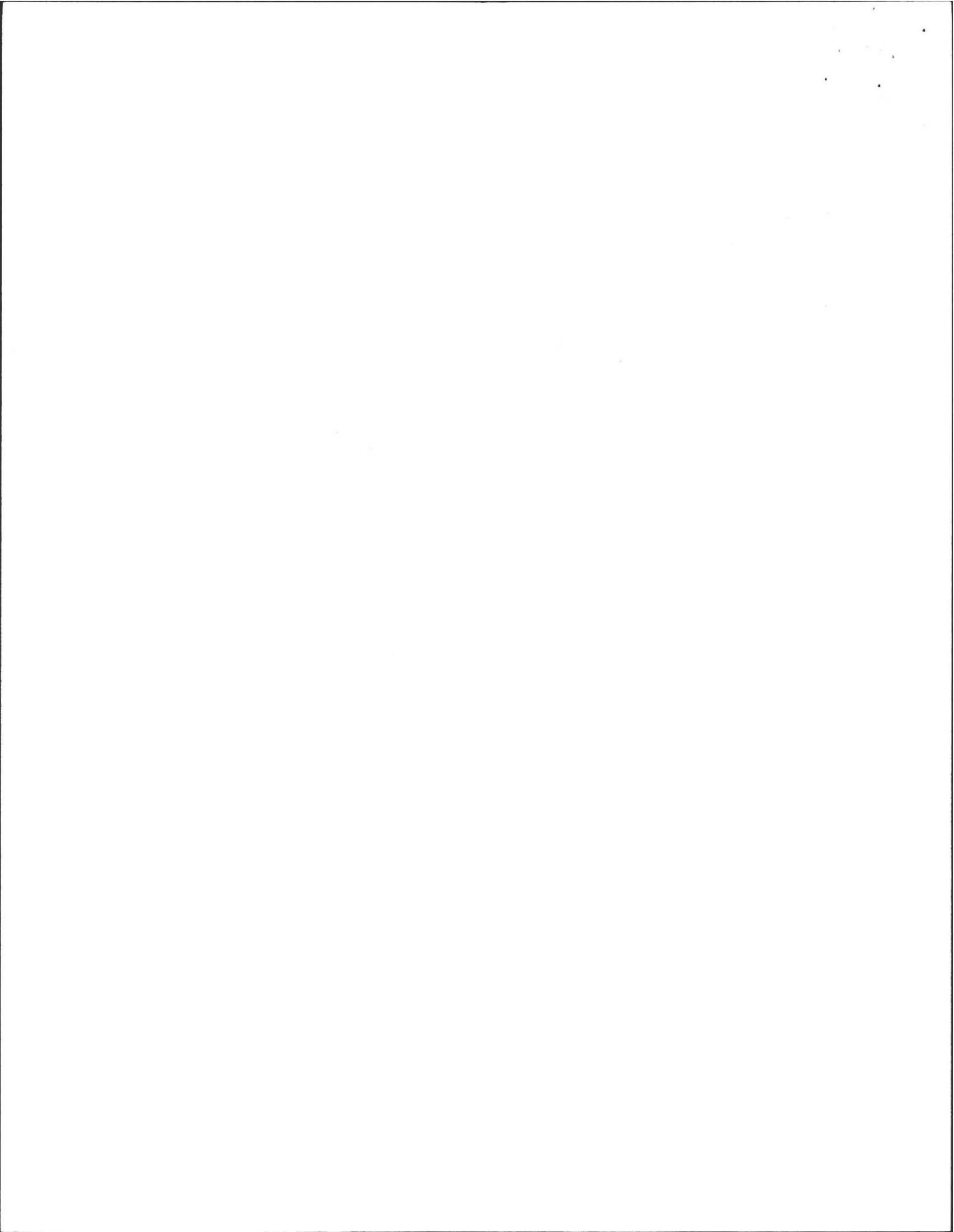
- △ - Deep Hole
- ⊗ - Perc Test
- - D' BOX
- ▭ - Ex. 1500 GAL. Septic Tank
- ∞ - Existing Contours

ALL LOAM, SUBSOIL & TREES TO BE REMOVED WITHIN 5' OF SYSTEM.

NO WETLANDS OBSERVED WITHIN 200' OF SYSTEM.



Design by Lewis & Cook
Surveyors, Inc.

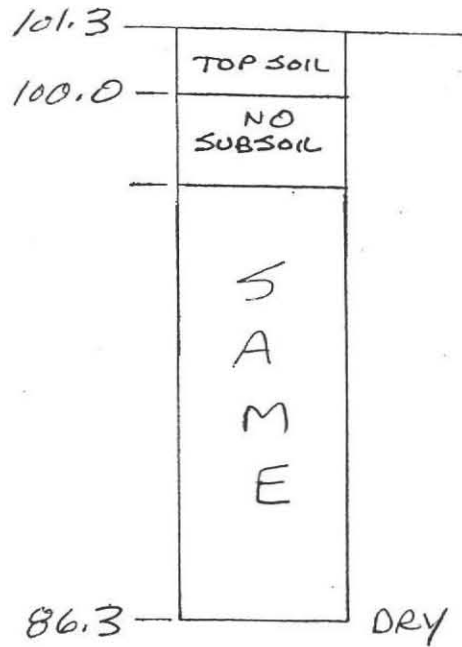
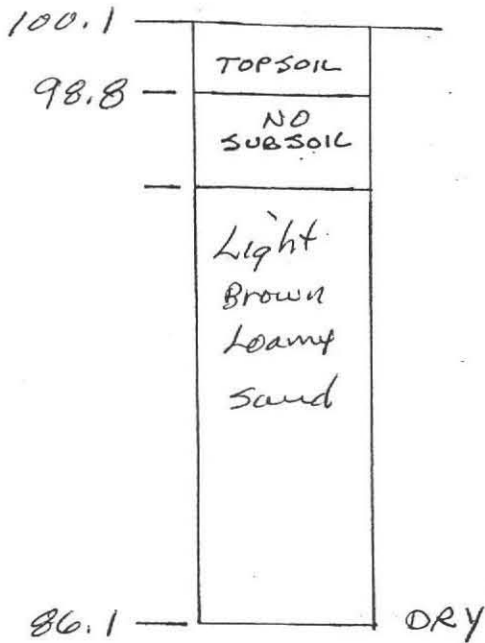


DEEP TEST HOLES

LOT Pg. 3
5 Orchard St.

#1

#2



CALCULATIONS

BOTTOM AREA

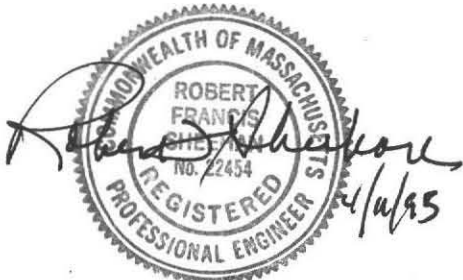
SOIL CLASS I
 $45 \text{ min./in} = 0.74 \text{ gal./sq. ft.}$

$40' \times 3' \times 3 \text{ lines} = 360 \text{ sq. ft.} \times 0.74 \text{ gal./sq. ft.} = 266.4 \text{ GAL.}$

SIDEWALL AREA (NOT ALLOWED IN LEACHING FIELDS)

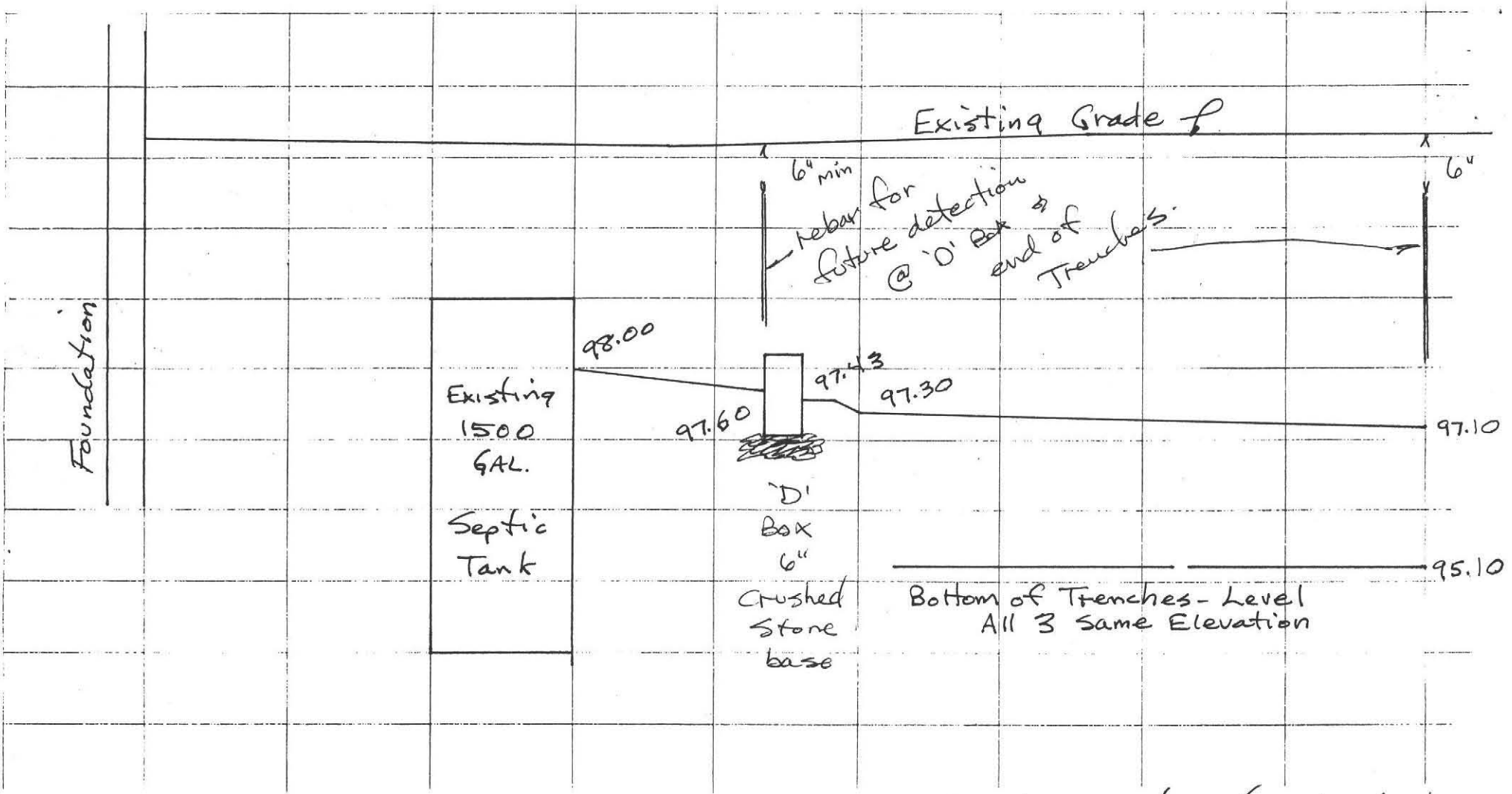
$40' \times 2' \times 2 \text{ sides} \times 3 \text{ lines} = 480 \text{ sq. ft.} \times 0.74 \text{ gal./sq. ft.} = 355.2 \text{ GAL.}$

550 GAL. REQUIRED ✓ 621.6 GAL. AVAILABLE



10

1000



Leach Trenches (3-40' long)

NOTES:

1. SEPTIC TANK SHALL HAVE INLET AND OUTLET TEES (15.227 TITLE V)
2. D-BOX SHALL HAVE 6" SUMP BELOW OUTLET INVERT (15.232(3e) TITLE V)
3. ACCESS MANHOLE TO SEPTIC TANK SHALL BE WITHIN 6" FINISHED GRADE
4. SEPTIC TANKS SHOULD BE INSPECTED ANNUALLY
5. ELEVATIONS ARE TO INVERTS UNLESS NOTED (INSIDE BOTTOM OF PIPE)
6. D-BOX OUTLET PIPES SHALL BE LEVEL MIN. 2.0 FT. (SECT. 15.232(3c) TITLE V)
7. END CAPS ON PIPES

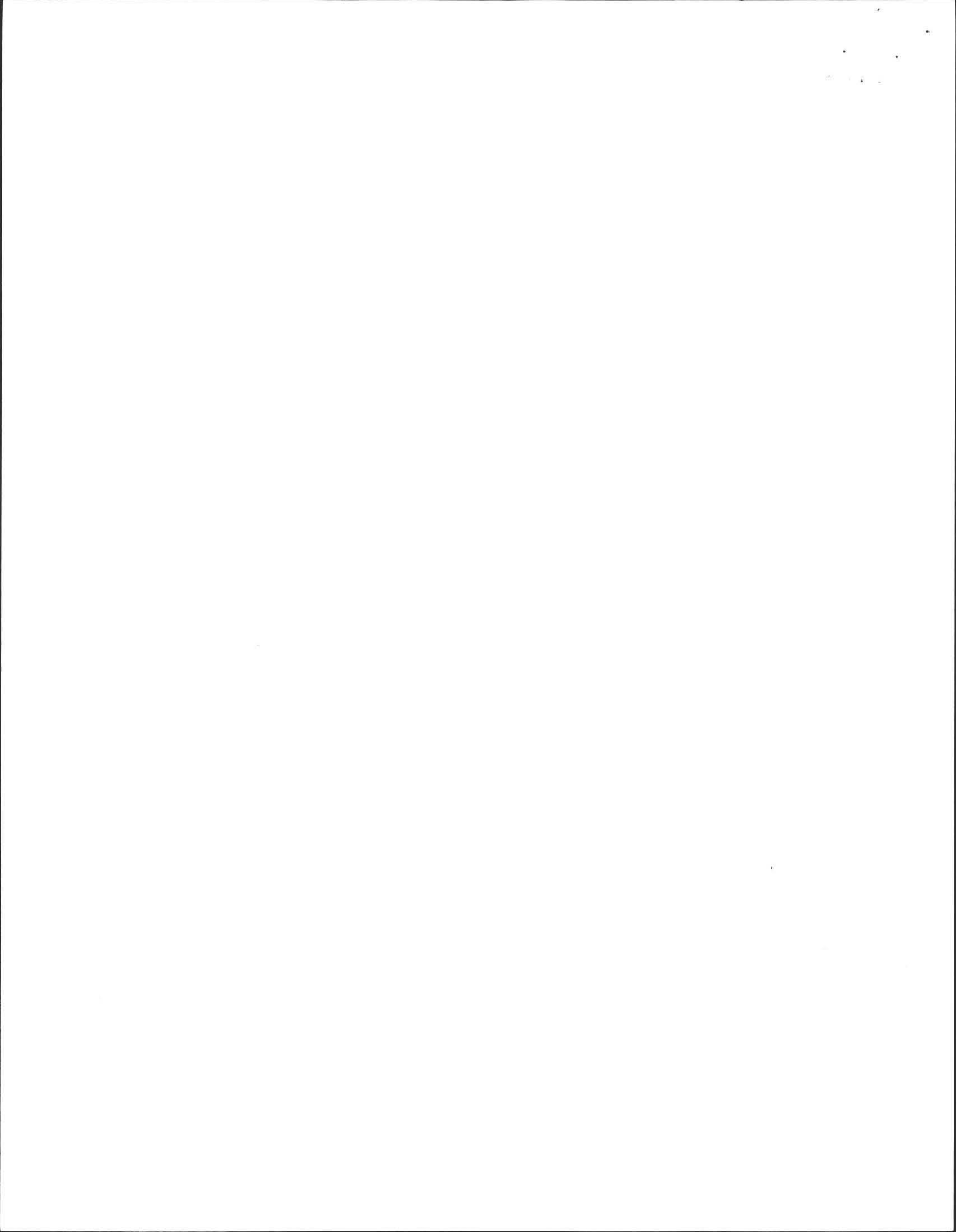
PROFILE OF SYSTEM

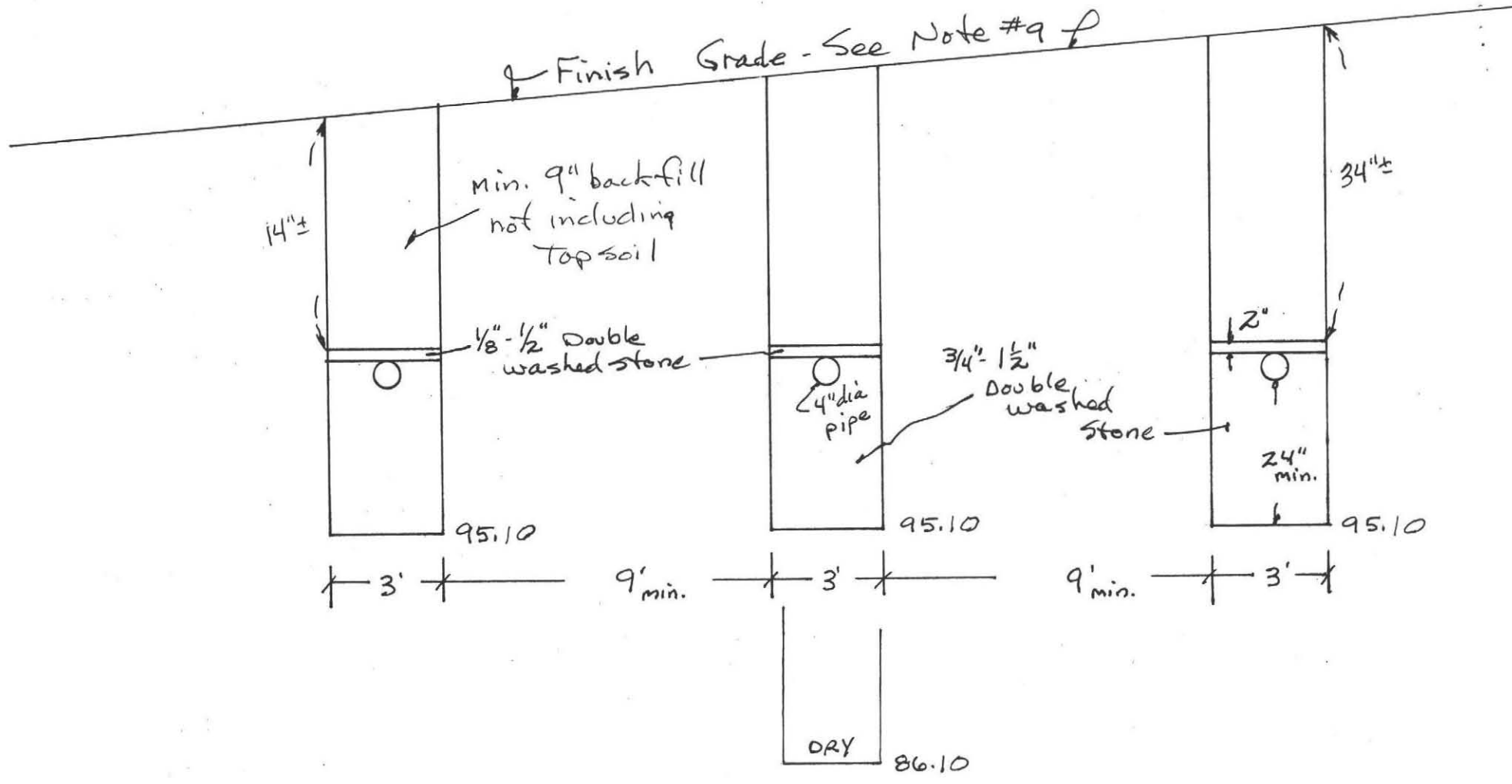
SCALE HORIZ. 1" = 10'
VERT. 1" = 2'



Sheehan
4/11/95

LOT
5 Orchard St.
Pg. 4





NOTES:

8. ALL LOAM, SUBSOIL, AND OTHER IMPERVIOUS MATERIAL SHALL BE REMOVED WITHIN 5 FT. OF LEACHING FACILITY, SECT 15.255(5) TITLE V FINISH GRADE ABOVE & ADJACENT TO SYSTEM SHALL SLOPE @ least 2% TO PREVENT ACCUMULATION OF SURFACE WATER.

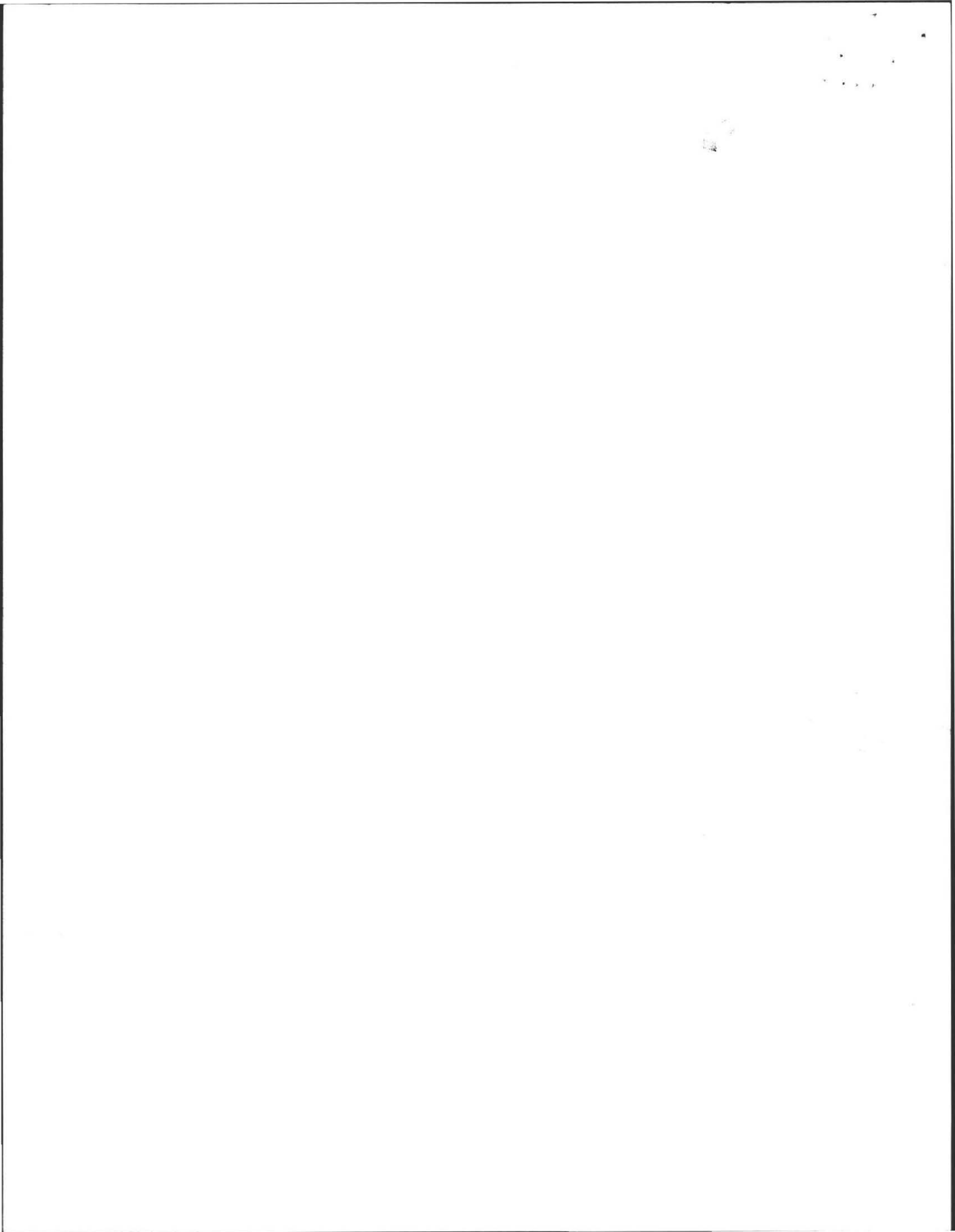
ALL SHALL HAVE PERC RATE OF 2.0 min/in. BEFORE AND AFTER PLACEMENT.

CROSSSECTION OF SYSTEM
NO SCALE

Deep Hole #1



4/11/95



BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

#5

(E)

No. 82-3 Date 5-19-82 Fee 90 Date Rec'd. 5-19-82 By (E)

Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at:

Location—Address 50 Orchard Dr. (50 Orch Acres) or Lot No. 2

Owner E.L. Roberts Address Arnold Rd Pelham

Contractor ROBERTS BUILDERS Address _____

Type of Building Family Res. Dimensions _____ Size Lot 32,000 sq ft

Dwelling—No. of Bedrooms 4 Expansion Attic () Garbage Grinder ()

Other _____ No. of persons 3 Showers ()

Other fixtures _____

Town Water? Yes Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 500 gallons

Septic Tank—Liquid capacity 4300 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. 1 Width 10 Total Length 50 Total leaching area 500 sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. 1 Diameter _____ Depth below inlet _____ Dimensions: 10 x 12 x 5

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation)

Percolation Test Results Performed by Kendall G. Lund Date May 1973

Test Pit No. 1 2 minutes per inch Depth of Test Pit 42"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil Sand SW Depth to Ground Water >11.0'

Will disposal area be filled? No Cut down? No

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

USE 1000 Gallon Trench Tank

E.L. Roberts
Owner or builder

May 19/82
date

Application Approved by (Signature)

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____

Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 82-3 Permission is hereby granted ROBERTS BUILDERS to construct (X) or repair () an

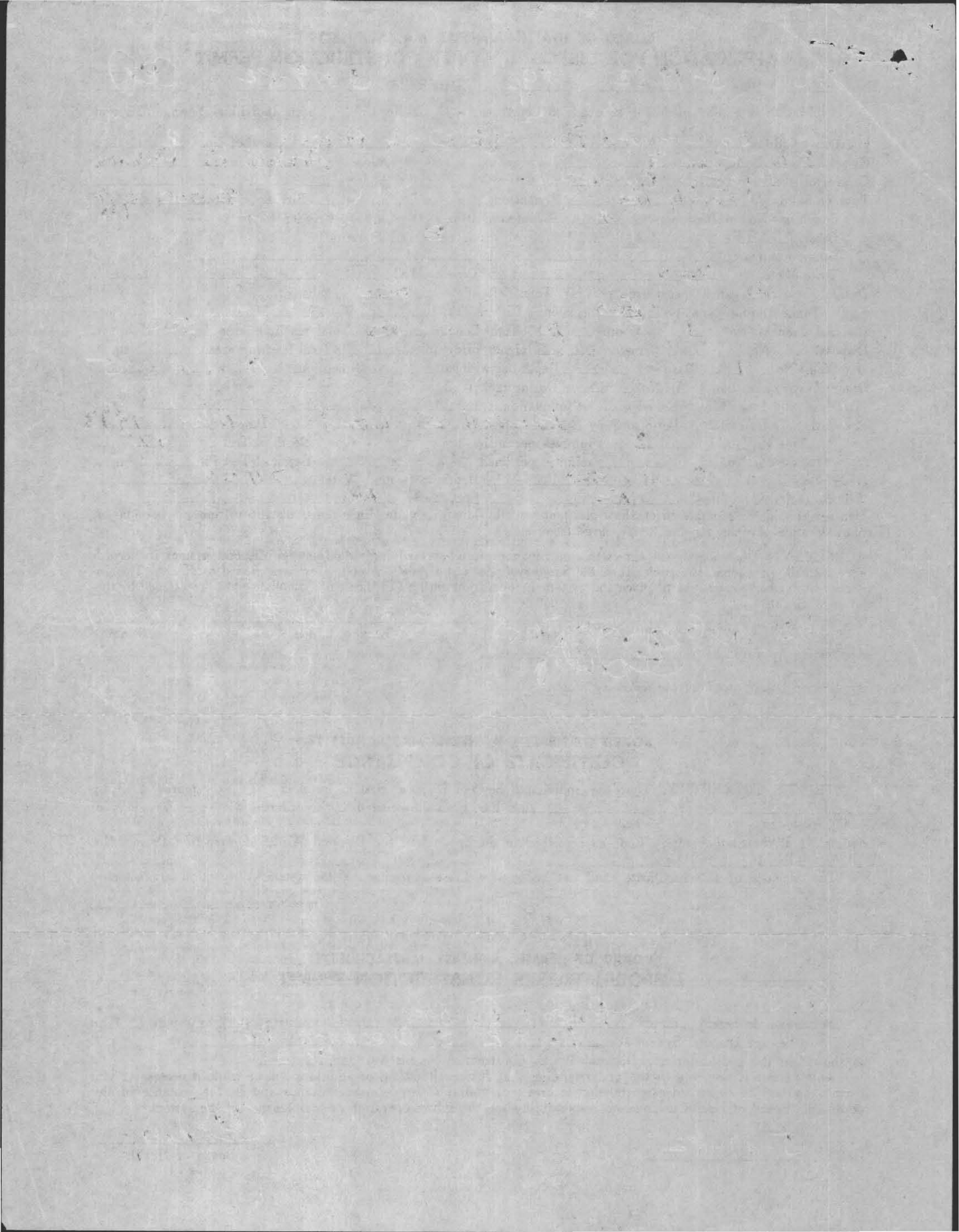
Individual Sewage Disposal System at Lot # 2 50 ORCHARD DR

as shown on the application for Disposal Works Construction Permit No. 82-3

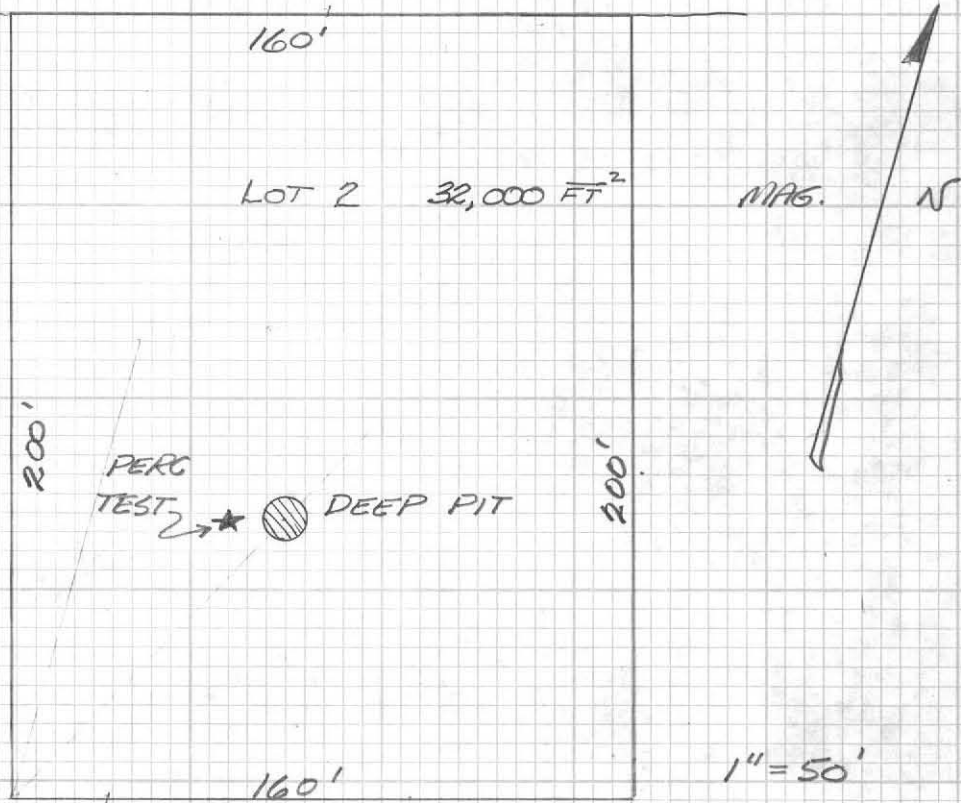
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 5-19-82

(Signature)
Board of Health



SOUTH ORCHARD DRIVE



LOG OF TEST PIT

TOPSOIL	0.5
SUBSOIL	1.5
GRAVEL	
	9.5

1" = 50'

Detailed description: A vertical log of a test pit. It consists of a rectangular column divided into four sections. The top section is labeled 'TOPSOIL' and has a height of '0.5'. The second section is labeled 'SUBSOIL' and has a height of '1.5'. The third section is labeled 'GRAVEL'. The bottom section is unlabeled but has a height of '9.5'. Below the log, the scale '1" = 50\'' is written.

PERCOLATION RATE
 LESS THAN 2 MIN PER INCH

LOT 2
 SOUTH ORCHARD ACRES
 K.G. Lund, Geologist

BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

LOT 2 SOUTH ORCHARD ST

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner ROBERTS BUILDERS Address 746 WEST ST

Installer PARRY Address " " "

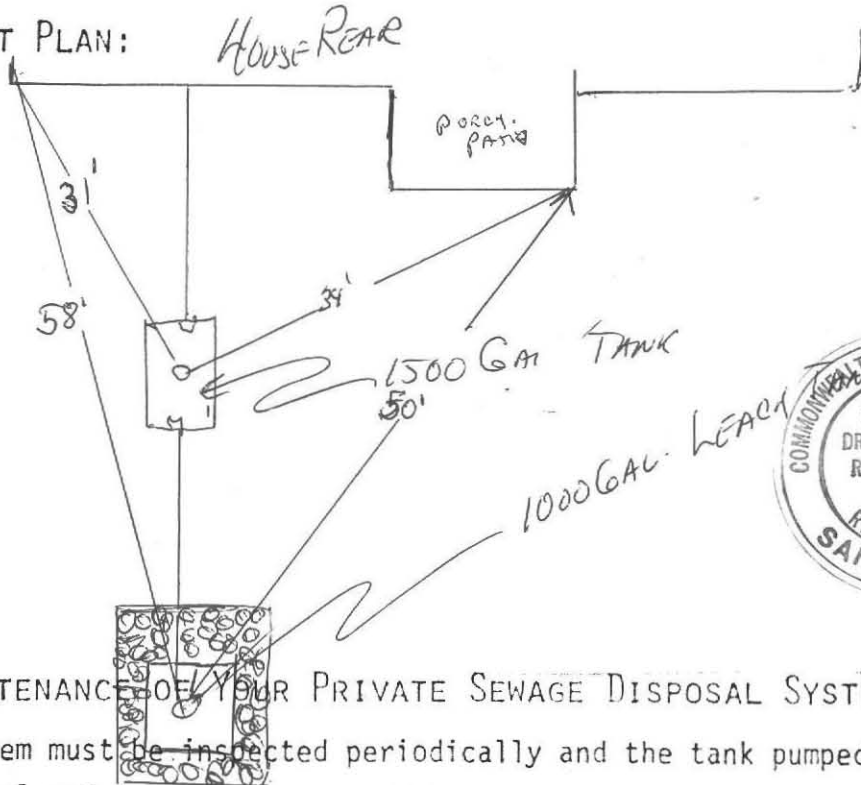
Date Installation Inspected and Approved JUN 20, 1982

Description of System: Tank Capacity: 1500

Leach Field () Bed () Seepage Pit (X) Square Feet: 342

Garbage Grinder Yes (X) No () No. Bedrooms: 4 No. People 8

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed _____ years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

